



City of Mesa ADA Grievance Form

The City of Mesa is committed to meeting the requirements of the Americans with Disabilities Act of 1990 ("ADA"). This form may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Mesa.

The following information is necessary to assist us in processing your ADA complaint. If you require any assistance in completing this form, please contact the ADA Coordinator, Ruth Giese, by calling 480-644-5033 or sending an email request to diversity.info@mesaaz.gov.

The completed form may be submitted electronically or returned to:

**City of Mesa ADA Coordinator, c/o Ruth Giese
PO BOX 1466
Mesa, AZ 85211**

SECTION I- Contact Information		
Name:		Telephone:
Address:		
City:	State:	Zip Code:
Email:		
SECTION II- Complainant Information		
Are you filing this complaint on your own behalf? *Yes No		
*If Yes, go to Section III		
If No, please provide the following contact information for the person discriminated against:		
Name:		Telephone:
Address:		
City:	State:	Zip Code:
Email:		
What is your relationship to this person:		
SECTION III – Incident Description		
Date of the alleged discrimination (Month/Day/Year):		

Location of the alleged discrimination:
<p>Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons, program and/or services involved.</p> <p><i>Use the back of this form or separate pages if additional space is required.</i></p>
SECTION IV- Incident Information
<p>Please list any and all witnesses' names and phone numbers/contact information.</p> <p><i>Use the back of this form or separate pages if additional space is required.</i></p>
<p>Have you discussed your complaint with anyone within the City of Mesa? Yes No</p> <p>If yes, provide name(s) and position(s):</p>
<p>Have you filed your complaint with a federal, state, or local agency; or with a federal or state court?</p> <p>Yes No</p> <p>If yes, provide agency name and date filed:</p>

You may attach any written materials or other information you think is relevant to your complaint.

Signature and date are required below:

I affirm that the above is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

For questions regarding this form or grievance procedure, please contact the ADA Coordinator at 480-644-5033
or send a request to the Diversity Office at diversity.info@mesaaz.gov.